

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
OFFICE OF FINANCIAL AND INSURANCE REGULATION
Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXXX

Petitioner

v

File No. 122608-001-SF

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this ___1st___ day of December 2011
by R. Kevin Clinton
Commissioner

ORDER

I. PROCEDURAL BACKGROUND

On July 29, 2011, XXXXX, authorized representative of XXXXX (Petitioner), filed a request for external review with the Commissioner of Financial and Insurance Regulation under Public Act No. 495 of 2006, MCL 550.1952 *et seq.* The Commissioner reviewed the material submitted and accepted the request on August 5, 2011.

The Petitioner receives health care benefits through the State of Michigan, a self-funded government group administered by Blue Cross and Blue Shield of Michigan (BCBSM). Act 495 authorizes the Commissioner to conduct external reviews for state and local government employees who receive health care benefits in a self-funded plan. Under Act 495, the reviews are conducted in the same manner as reviews conducted under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

The Petitioner's benefits are described in *Your Benefit Guide State Health Plan PPO* (benefit guide). The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II. FACTUAL BACKGROUND

On December 31 2009, the Petitioner was shot in the face during a car jacking suffering a fractured lower jaw and several teeth. As part of his care for this injury, the Petitioner requires dental implants to replace teeth numbers 27, 28 and 29. His dentist requested authorization and coverage under his medical surgical benefits for this care. The amount being charged for this care totals \$5,970.00.

BCBSM denied the request, ruling that implants are non-covered benefits. The Petitioner appealed the denial through BCBSM's internal grievance process. BCBSM held a managerial-level conference on May 25, 2011 and issued a final adverse determination dated May 31, 2011 affirming its denial of coverage.

III. ISSUE

Is BCBSM required to provide coverage for Petitioner's dental implant treatment under his medical coverage?

IV. ANALYSIS

Petitioner's Argument

The Petitioner wants coverage under his accidental benefits for implants due to injuries sustained when he was shot during a car-jacking. He provided operative reports indicating that his initial treatment commenced on the day of the shooting.

He argues that the implants are medically necessary due to the injuries suffered in an accidental shooting. Therefore, BCBSM should provide coverage.

BCBSM's Argument

In its final adverse determination of May 31, 2011, BCBSM wrote:

[The Petitioner] is covered under the State of Michigan PPO State Health Plan which follows our guidelines for payment of dental services under BCBSM medical /surgical plans. These guidelines are detailed in the BCBSM Guide for Dental Care Providers which is available to all Michigan dentists. As explained on page 5c-3:

The medical-surgical benefit may cover the following accidental dental services:

- Services routinely covered under the Traditional dental plan
- Emergency care
- Treatment to restore or repair accident related damaged or broken sound natural teeth, previously restored natural teeth and supporting dentoalveolar structures while the patient is covered by the Plan, and only if coverage by the Plan has been continuous since the date of the accidental injury
- Patients with damaged previously placed implant supported structures may receive accidental dental coverage for repairs that involve non implant supported fixed or removable dental treatment (i.e. dentures, bridges, etc.)

The following dental services are not covered under the accidental dental injury benefit:

* * *

- Any type of implant procedure, including surgery and grafts, fixtures, prostheses or maintenance.

Based on this information, BCBSM argues that dental implants are not a covered benefit under its accidental injury provisions of the medical/surgical coverage and its denial is appropriate.

Commissioner's Review

The benefit guide outlines the benefits under this plan. It states that dental care for accidental injuries is a covered benefit. BCBSM's Guide for Dental Care Providers sets forth more detail on how the accidental dental benefits are to be administered. This document indicates that any type of dental implant procedure, including surgery and grafts are not a covered benefit. Since the \$5,970 charge is for dental implants under the terms of the certificate they are excluded. AS a result, BCBSM is not required to authorize or provide coverage for this treatment.

While the Commissioner understands the Petitioner's need to have his teeth replaced. Unfortunately, under the terms of his health care coverage, they simply are not a covered benefit.

The Commissioner finds that BCBSM's denial of coverage for implants is consistent with the terms of the certificate.

V. ORDER

BCBSM's final adverse determination of May 31, 2011, is upheld. BCBSM is not required to provide coverage for Petitioner's requested dental implants.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this order may seek judicial review no later than 60 days from the date of this order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.

R. Kevin Clinton
Commissioner